

**Records Destruction Certificate**  
 Kentucky Department for Libraries and Archives, Archives and Records Management Division  
 300 Coffee Tree Road, P.O. Box 537, Frankfort Kentucky 40602

Date: Submittal Date

Cabinet/Local Jurisdiction: \_\_\_\_\_  
 Department/Local Government Office: \_\_\_\_\_  
 Division: \_\_\_\_\_  
 Branch/Unit: \_\_\_\_\_  
 Schedule Date: \_\_\_\_\_ Destruction Date: \_\_\_\_\_ Destruction Method: Recycle  
 For records destroyed at agency only, per approved retention schedules:

Be as detailed as you need. Please include at minimum **County** and **Local Agency Name**

Drop Down Menu. **Reminder:** Destroy with same level of security and confidentiality as maintained.

Located on Retention Schedule Signature Page. **Reminder:** Schedules may be updated multiple times per year. Please make sure to use the most current version.

Series Number from applicable retention schedule. Each agency can use General Schedule and/or Agency Specific Schedule. **Note:** All Local Agencies have Series Numbers that begin with "L"

**\*Multiple Series and Titles can be recorded on one Destruction Certificate.\***

Series No.	Title of Records	Date Span	Volume <input type="checkbox"/> Cubic Feet <input type="checkbox"/> Digital Files
<p>Enter title of the records from appropriate Records Retention Schedule. <b>Reminder:</b> You can also include alternate or specific titles of records in this section for your needs and future reference.</p> <p><b>*Submit completed Destruction Certificates to KDLA. Destruction Certificates can be submitted by mail or email. Contact your Regional Administrator with any questions.</b></p>			
Total Volume of Records Destroyed			

Amount of records destroyed for each series. Paper records most often recorded as cubic feet (1 paper box = approximately 2 cubic feet). Electronic records most often use MB or KB.

Use Inclusive dates for records destroyed (both oldest and most recent)

**Approvals and Certifications**

**Before destroying records not listed on the agency's retention schedule or applicable general schedules, approval must be obtained from the State Archives and Records Commission.**

I hereby certify that the records described above have been destroyed.

\_\_\_\_\_  
 Records Officer/Custodian                      Date

Agency Records Officer or Records Custodian signs and dates. **\*Please include printed name for legibility if needed\***

**ARM USE ONLY**

I  D  EM  L  S  C